Texas Department of Insurance, Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: INJURY ONE TREATMENT CENTER 5931 DESCO DR. DALLAS, TX 75225	MFDR Tracking #:	M4-09-A115-01
Respondent Name and Box #: ZURICH AMERICAN INSURANCE CO. REP BOX: 19		

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: ""…The claims continue to be denied by the adjuster. The treatment was preauthorized for medical necessity in regards to the patient's date of injury of 06/20/06. The evaluation on 01/13/09 was performed and then from that evaluation treatment was preauthorized for testing and individual therapy sessions (see attached preauthorization notices)…"

Principle Documentation:

1. DWC 60 package
2. Total Amount Sought - $140.40*
3. CMS 1500s
4. EOBs
5. Preauthorization Approval

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "…The provider has submitted bills for a 03/31/09 date of service for CPT code 96101 x 2 and a 01/13/09 date of service for CPT Code 90801. The provider argues that the carrier preauthorized the services and therefore owes payment. The provider submits two pre-authorization requests. Neither covers the period 01/13/09 nor CPT Code 90801. As a result the carrier will only pay all reasonable, necessary and related medical expenses in accordance with the applicable fee guidelines…"

Principle Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Part V Reference	Amount Ordered
03/31/2009	CPT Code 96101 (53.68 ÷ 36.0666) x $82.64 = $123.00	1 – 5	$123.00
Total:			$123.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and 28 Texas Administrative Code (TAC) Section 134.203, titled *Medical Fee Guideline* effective for professional medical services on or after March 1, 2008, set out the reimbursement guidelines.

* The Requestor withdrew CPT Code 90801 for date of service 01/13/2009 and submitted an updated table. The updated table was submitted to the Respondent and was received by the Respondent on July 22, 2009 as documented by the Memorandum date stamped received by the insurance carrier's Austin Representative, Flahive, Ogden and Latson.

1. These services were denied by the Respondent with reason code "W1 – Workers' Compensation State Fee Schedule Adjustment" and "283 – Based on a Peer Review, payment is denied because the treatment(s)/Services(s) is medically unreasonable/unnecessary."
2. The Respondent states in their position summary that the provider submits two pre-authorization requests and that neither covers the period 01/13/09 nor CPT Code 90801. Review of the information submitted by the Requestor shows that the "pre-authorization requests" are actually preauthorization approvals from the insurance carrier, Zurich Services Corporation. The preauthorization approval dated March 16, 2009 states in part that "This letter is in reference to a request for psych testing that we non authorized on 02/12/2009. A reconsideration request was received on 03/06/2009. Based upon review of the clinical information provided, the following has been authorized as medically necessary." The preauthorization approval show the insurance carrier authorized psych testing; the certification period is listed as 03/16/2009 – 05/16/2009 (1 visits). Therefore, the service was rendered, under CPT Code 96101 for date of service 03/31/2009, by the Requestor within the required time frame.
3. CPT Code 96101 is defined as: Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.
4. According to 28 TAC Section 134.600(c)(1)(B) the carrier is liable for all reasonable and necessary medical costs relating to the health care listed in subsection (p) or (q) when the following situations occur: (B) preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care. The Respondent incorrectly denied CPT Code 96101; therefore, reimbursement in accordance with 28 TAC Section 134.203(b)(1) is recommended.
5. Per review of Box 32 on CMS-1500, zip code76705 is located in McLennan County. The maximum reimbursement amount, under Rule 134.203(b), is determined by locality.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section. 413.011(a-d), Section. 413.031 and Section. 413.0311
28 Texas Administrative Code Section. 134., 134.203, 134.600
Texas Government Code, Chapter 2001, Subchapter G

PART VII: DIVISION DECISION AND/OR ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is entitled to reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of $123.00 plus applicable accrued interest per Division Rule 134.130, due within 30 days of receipt of this Order.

ORDER:

Authorized Signature	Auditor III Medical Fee Dispute Resolution	August 10, 2009 Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed $2,000. If the total amount sought exceeds $2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.